U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution. fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

AUG 17	F	or Officially Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E QUESTION			
1 File Number U 8883	2 Fiscal Year Covered From		
	1 1 2004 Through 12 31 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Mark D Kramer	Name Northern WI Regional Council of Carpenters		
	Labor Organization File Number 035-751		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street N2216 Bodde Road	Street N2216 Bodde Road		
City Kaukauna	City Kaukauna		
State Wisconsin ZIP Code + 4 54130-9740	State Wisconsin ZIP Code + 4 54130-9740		
5 Position in labor organization Director of Organizing			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income		
Name			
Trade Name If any			
PO Box Bldg Room No if any			
	7 b Amount		
Street			
City			
State ZiP Code + 4			
Signature			
15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)			
signed March Kasmer	On (2-(2-0)) [920-996-2309 Date Telephone Number		

Name of Person Filing Mark Kramer File Number U B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name WI Carpenters Benefits Funds a Labor Organization Trade Name if any b Trust PO Box Bldg Room No If any c. Employer Street 1704 Devney Drive Eau Claire ZIP Code + 4 54702 State Wisconsin 11 a Nature of such dealing 10 If 9 b or 9 c. is checked give trust or employer's name Pension and Health Investment Committee Meeting Name 8/17/2004 Trade Name if any PO Box Bldg Room No If any Street \$503 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received ZIP Code + 4 State 12 b Amount. C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name If any PO Box Bldg Room No If any Street City ZIP Code + 4 State 14 b Amount of payment 13 b is the Business an Employer or Consultant

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Mrsa Kermer 8-12-05